

Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

Book 63 Page 433

File \_\_\_\_\_  
Date of Application 1-6-67

FLOYD County

**MALE**  
Medical Examination Report Dated 1-5-67  
Name of Physician Samuel W. Martin

**FEMALE**  
Medical Examination Report Dated 1-5-67  
Name of Physician Samuel W. Martin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**  
Name William Michael Cook  
Date of Birth 4 29 48  
Place of Birth (State or foreign country) Louisville Ky  
Residence Address Corydon Ind 2nd St  
Previous Marital Status: Never Married ☒ Number of Previous Marriages \_\_\_\_\_

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation Self-Employed (Farm)  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Driver License

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

(b) Are you supporting or contributing to their support? Yes ☐ No ☒  
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Wm. T. Cook  
Residence of father (if deceased so state) Same  
Occupation of father Truck Driver Race of father W  
Birthplace of father (State or foreign country) Louisville Ky  
12. Full maiden name of mother Elizabeth Mills  
Residence of mother (if deceased so state) Same  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, Floyd } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed William Michael Cook  
New Address R#1, Elizabeth Box 169  
Subscribed and sworn to before me this 6th day of Jan, 1967  
Wm. C. Cochran Clerk of FLOYD County Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana, Floyd } ss:  
County of \_\_\_\_\_  
Signed William T. Cook Father  
Signed Elizabeth Cook Mother  
Subscribed and sworn to before me this 6 day of Jan, 1967  
William C Cochran Clerk

**FEMALE APPLICANT**  
Name Connie Lee Landberg  
Date of Birth 11 15 51  
Place of Birth (State or foreign country) Louisville Ky  
Residence Address Jefferson Ind (Floyd Co.)  
Maiden Name if Different \_\_\_\_\_  
Previous Marital Status: Never Married ☒ Number of Previous Marriages \_\_\_\_\_

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation Student  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) \_\_\_\_\_

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Lawrence Noel Landberg  
Residence of father (if deceased so state) Same  
Occupation of father Tractor Oper. Race of father W  
Birthplace of father (State or foreign country) Kentucky  
8. Full maiden name of mother June Marie Whiders  
Residence of mother (if deceased so state) Same  
Occupation of mother Operator Race of mother W  
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, Floyd } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Connie Lee Landberg  
New Address R#1 Elizabeth Box 169  
Subscribed and sworn to before me this 6th day of Jan, 1967  
Wm. C. Cochran Clerk of FLOYD County Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana, Floyd } ss:  
County of \_\_\_\_\_  
Signed Lawrence Noel Landberg Father  
Signed June Marie Landberg Mother  
Subscribed and sworn to before me this 6th day of Jan, 1967  
William C Cochran Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Floyd County Circuit Court of Indiana dated the 6th day of January, 1967, authorizing the joining together as husband and wife William Michael Cook and Connie Lee Landberg.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Lowell L. Pittman hereby certify that on the 14th day of January, one thousand nine hundred and sixty-seven at St. Pauls U.C.C. Clark of Harrison County, State of Indiana and, Bride Connie Lee Landberg of Floyd County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Floyd County.  
Dated this 14th day of January, 1967.  
Signed Rev. Lowell L. Pittman  
Official Designation Pastor, St. Pauls United Church of Christ  
Filed and recorded in accordance with the laws of the State of Indiana this 19th day of January, 1967.  
Signed William C. Cochran Clerk  
FLOYD County Circuit Court

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